



**CITY OF LONG BEACH BUSINESS LICENSE APPLICATION**  
**Fourth Floor, City Hall**  
**333 W. Ocean Boulevard, Long Beach, CA 90802**

[www.longbeach.gov](http://www.longbeach.gov)  
**(562) 570-6211**

**GENERAL INFORMATION**

OWNER'S NAME (or corporate name, partnership name, or partners)		DRIVER'S LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER	
BUSINESS NAME (D.B.A.)		TYPE OF BUSINESS (Be specific)			HOME OCCUPATION <input type="checkbox"/>
BUSINESS ADDRESS	STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
BILLING ADDRESS (if different)	STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
RESIDENCE ADDRESS (if different)	STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
LIST OF PRINCIPAL OFFICERS' OR PARTNERS' NAMES AND RESIDENTIAL ADDRESSES (IF MORE, PLEASE ATTACH A LIST)			TITLE		% OWNERSHIP
			TITLE		% OWNERSHIP
<input type="checkbox"/> New Business <input type="checkbox"/> Address Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Secondary License <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.P. <input type="checkbox"/> L.L.C.					

**BUSINESS OPERATIONS INFORMATION**

START DATE	NO. OF EMPLOYEES	NO. OF VEHICLES	FEDERAL TAX ID. NUMBER	SALES TAX (SELLER'S PERMIT) NUMBER	
Does your business have a Calif State Lic? <input type="checkbox"/> Y <input type="checkbox"/> N			STATE LICENSE NUMBER	CLASSIFICATION(S)	RENEWAL DATE

**FOOD / ALCOHOL / TOBACCO / ENTERTAINMENT**

Do you plan to sell or serve food?  
(including pre-packaged) ☐ Y ☐ N  
If serving food, how many seats?: \_\_\_\_\_

Do you plan to sell wholesale food? ☐ Y ☐ N

Do you plan to sell or serve alcoholic beverages ☐ Y ☐ N  
If yes, ABC License number: \_\_\_\_\_

Does your business involve amusement machines, video games, vending machines, jukebox and/or pool tables? ☐ Y ☐ N  
How many: \_\_\_\_\_ Type: \_\_\_\_\_ Owner: \_\_\_\_\_

Do you plan to sell tobacco products or tobacco paraphernalia? ☐ Y ☐ N

Will you have:  
☐ Music ☐ Dancing ☐ Performers ☐ Adult Entertainment

**SERVICES / FUND RAISING**

Will you offer massage, tanning, body-wrap, escort or other similar personal services? ☐ Y ☐ N

Will you provide a towing service? ☐ Y ☐ N

Will you engage in fund raising? ☐ Y ☐ N

Will you deal in coins, stamps, firearms, jewels, or second-hand property? ☐ Y ☐ N

**BUILDING AND FACILITY INFORMATION**

Property Owner's Name: \_\_\_\_\_

Business sq. ft.: \_\_\_\_\_ Warehouse on site? ☐ Y ☐ N

Do you: ☐ Own or ☐ Rent/Lease your business property?

Does your business require construction and/or remodeling? ☐ Y ☐ N

**HAZARDOUS MATERIALS / MEDICAL WASTE**

Will you use, store, or transport chemicals (new or waste state)? ☐ Y ☐ N

Will you manage or produce bio-hazardous materials or waste? ☐ Y ☐ N

**ACKNOWLEDGMENT**

I understand that before I can operate my business in Long Beach, my establishment must comply with applicable City departmental laws and regulations completely and obtain a business license or I will be in violation of L. B. M. C., Section 3.80. I declare, under penalty of perjury, that I am authorized to complete this application. To the best of my knowledge and belief, the provided information and statements are true and correct.

- **SIGN and return this statement with your remittance.**
- **Make checks payable to City of Long Beach**

**OWNER(S) OR AUTHORIZED AGENT**

Signature \_\_\_\_\_ Date \_\_\_\_\_ PRINT NAME/TITLE \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ PRINT NAME/TITLE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Inspection(s): <input type="checkbox"/> Bldg <input type="checkbox"/> Fire <input type="checkbox"/> Health <input type="checkbox"/> HazMat <input type="checkbox"/> PD <input type="checkbox"/> Other	Prev Use: _____ Exp Date: _____
Basic Tax \$ _____	Prev Lic: _____
Employees # _____ @ \$ _____ = _____	Exp Date: _____
Vehicles # _____ @ \$ _____ = _____	District: _____
Other # _____ @ \$ _____ = _____	CRT: _____
PIA _____	SIC: _____
PIA Employees # _____ @ \$ _____ = _____	Entered by: _____
Regulatory _____	Date: _____
Investigation _____	BU _____
Misc. Fees _____	
Sub Total _____	
Zoning _____	
Building Review _____	
Total \$ _____	

**Zoning Review**  
p Y p N p N/A

By: \_\_\_\_\_  
Date: \_\_\_\_\_  
p New construction p Reuse  
Zone: \_\_\_\_\_  
Comments: \_\_\_\_\_

**NOTE: THIS IS NOT A BUSINESS LICENSE: DO NOT OPERATE UNTIL A VALID LICENSE HAS BEEN ISSUED THIS INFORMATION IS AVAILABLE IN AN ALTERNATIVE FORMAT BY CONTACTING (562) 570-6211**

## ATTENTION LICENSE APPLICANT

### **Business License Required (L.B.M.C. 3.80.210)**

Under the Long Beach Municipal Code (Section 3.80.210), any person operating a business in the City of Long Beach is required to obtain a business license and pay an annual business license tax, prior to the operation of that business.

### **Term of License (L.B.M.C. 3.80.520)**

A business license is valid for one (1) year from the date of issuance (unless otherwise noted) and must be renewed each year. A renewal notice is sent to the licensee ten (10) days prior to the due date, and the licensee has thirty (30) days to pay without penalty. If a notice is not received by the licensee, he/she is still responsible for payment by the due date. If the licensee changes his/her mailing address during the year, he/she should contact the Business License Section to report the change.

### **Penalties (L.B.M.C. 3.80.422)**

A penalty equivalent to twenty-five percent (25%) of the payment due applies to all delinquent licenses unpaid after thirty (30) days from the due date. An additional ten percent (10%) penalty is added on the first day of the calendar month following the imposition of the twenty-five percent (25%) penalty if the tax remains unpaid, up to a maximum of one hundred percent (100%) of the tax due. The postmark will govern the determination of whether or not a tax payment is delinquent. A delinquent tax will be deemed a debt to the City, and the licensee shall be liable for legal action if it remains unpaid.

### **Multiple Businesses at one Location (L.B.M.C. 3.80.420.6)**

When more than one business activity is engaged in at the same location, and the activity falls into a classification other than that of the original license, the licensee is required to obtain an additional license for each different business activity. If the licensee has more than one business license at the same location, he/she may choose to pay for all employees on one license. If so, the licensee will pay for the employees on the license with the higher employee rate.

### **Definition of an Employee (L.B.M.C. 3.80.150)**

For the purpose of Business License taxation in the City of Long Beach, an employee is defined as: Every person engaged in the operation or conduct of any business in Long Beach, whether as owner, member of the owner's family, partner, associate, agent, manager or solicitor, and every person employed or working in such business, whether full-time, part-time, permanent or temporary, for a wage, salary, commission or room and board.

### **Change of Location (L.B.M.C. 3.80.424)**

Every person possessing a City of Long Beach Business License who changes the location of his place of business shall, prior to engaging in such a business at the new location, have the City endorse the new location on the license.

### **Display of License (L.B.M.C. 3.80.425.5)**

Every person having a license shall prominently display the license at the place of business. If the business is operated from a vehicle, an identifying decal issued by the City shall be affixed to the vehicle, and the business license shall be carried by the licensee.

### **Refunds Prior to Start of Business (L.B.M.C. 3.80.427.5.F)**

Any application for refund must be made by the person entitled to the money within one year after payment of the money to the City. No refund shall be made of any moneys paid for the issuance or renewal of any license unless it is determined that such licensee has not engaged in, nor held himself out as being engaged in, such business or occupation at any time after the effective date of the license. The amount of the refund shall be the full amount of the license tax paid, less an amount determined by the Director of Financial Management, which shall cover the cost of investigation and issuance of the license.

### **Sales or Use Tax**

Sales or Use Tax may apply to your business activity. You may seek advice regarding the application of the tax to your business by writing or calling the State Board of Equalization at:

680 W. Knox St., 2<sup>nd</sup> Floor  
Torrance, CA 90508  
(310) 516-4300

-or-

12440 E. Imperial Hwy.  
Norwalk, CA 90651  
(562) 466-1694

### **Inspections (The business license application must be available on site at time of inspection).**

When a business license inspection is scheduled, the business must be fully prepared to operate, and the business owner or operator must be on site for the entire scheduled time of inspection. If the business owner or operator is unprepared for or misses a scheduled business license inspection without giving a minimum of 24 hours notice to the appropriate City agency, a re-inspection fee will be assessed.

I have read and understand the **Inspection** requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date